



## Registration Form

If you have internet access, you may register yourself at [www.netionline.com](http://www.netionline.com)

Additional copies of this form may be obtained by calling 1-800-EPA-NETI and requesting Form #401

NAME (Print clearly): LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

AGENCY/ORGANIZATION: \_\_\_\_\_

NUMBER & STREET: \_\_\_\_\_ CITY, STATE & ZIP CODE: \_\_\_\_\_

MAIL CODE: \_\_\_\_\_ WORK TELEPHONE #: \_\_\_\_\_ FAX #: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

USER NAME (20 character max): \_\_\_\_\_ PASSWORD (6 character min): \_\_\_\_\_

EMPLOYER	ENVIRONMENTAL PROGRAM IN WHICH YOU CURRENTLY WORK	JOB CLASSIFICATION
' EPA ' Other Federal ' State ' Local ' Tribal ' International ' Other _____	' Air ' Multi-media ' RCRA ' Superfund ' Toxics & Pesticides ' Water ' Other _____	' Prosecutor ' Attorney (Civil or Criminal (Circle one)) ' Inspector ' Investigator (Civil or Criminal (Circle one)) ' Environmental Protection Specialist ' Paralegal ' Technical ' Other _____

### PLEASE ENROLL ME IN THE FOLLOWING COURSES:

COURSE #	COURSE TITLE	DATES (To/From)	LOCATION (City & State)
_____	_____	_____	_____
_____	_____	_____	_____

- Have you previously registered for or ever attended a NETI course? \_\_\_\_ Yes \_\_\_\_ No

-Years of experience in current position: \_\_\_\_ Supervisory \_\_\_\_ Non-Supervisory

- Do you have access to the Internet? \_\_\_\_ Yes \_\_\_\_ No

-Your name will appear on your certificate as listed above (e.g., First Name, Middle Initial, Last Name) unless otherwise requested: \_\_\_\_\_

- Efforts will be made to provide special accommodations in accordance with the Americans with Disabilities Act. Please explain what accommodations are needed: \_\_\_\_\_

Please fax or mail your completed registration form to:

Jibri R. Mayo

U.S. Environmental Protection Agency ~ National Enforcement Training Institute

1200 Pennsylvania Ave., NW., (M/C 2235A) ~ Washington, D.C. 20460 ~ Phone: 202-564-6059 ~ Fax: 202-564-0075

